

Revision: HCFA-PM-91-⁴ (BPD)
AUGUST 1991

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State: MINNESOTA

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------------------------------|-----------|---|
| 42 CFR 435.310 | <u>X</u> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <u>X</u> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <u>X</u> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <u>X</u> | 9. Disabled individuals. |
| 42 CFR 435.326 | <u> </u> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who:

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;

b. Were eligible as medically needy in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. <u>91-26</u>	Approval Date <u>1-29-92</u>	Effective Date <u>10/01/91</u>
Supersedes		
TN No. <u>86-114</u>	✓ 2	HCFA ID: 7983E

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October 1991

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Citation

Condition or Requirement

C. Optional Coverage of Medically Needy
(continued)

§1906 of the
Act

- [] 12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of ____ months.

TN No. 95-38
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TN No. --

Approval Date: 2-9-96 Effective Date: 10/01/95